

Pregnancy Maintenance Initiative (PMI) 2015-2016

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Catholic Charities of Salina

Period: 07/01/2015 - 06/30/2016

Filter(s): Catholic Charities of Salina

Grouping A - Administration and Management

Goal: A.1 - Capacity building and accountability

Status: 0% Complete

Attachments: Group Ruling 2014 Determination Letter; Group Ruling 2014 Memo; Organization Chart; P Crippen Approval

Attach proof of Non-Profit Status (501(c)(3))

List staff names, positions and email addresses.: Michelle L. Martin - CEO/Executive Director - mmartin@ccnks.org.

Jessica Palen - Manhattan PMI Case Manager - jpalen@ccnks.org.

Laura Dunn - Hays Case Manager- ldunn@ccnks.org.

Peggy Crippen - Salina Case Manager - pcrippen@ccnks.org.

Cecilia Smith - Finance Officer - csmith@ccnks.org.

Jeanne Riedel - Hays Office Manager - jriedel@ccnks.org.

Helen Matthews - Manhattan Office Manager - hmatthews@ccnks.org.

Summarize your staff management plan to include verification of staff licensure, staff orientation, performance appraisal process and professional development plan.: We carry out an effective staff management plan by employing professionally trained individuals. The PMI case managers in both the Manhattan and Hays offices are licensed master social workers (LMSW), and the newly employed PMI case manager in Salina who started January 20, 2015, has a BS in Psychology, a Master's in Human Development & Family Studies and 10 years of experience working in social services. Each social worker is asked to provide copies of license cards for their personnel records. These are verified each year at the time our agency is inspected by the state in order to maintain our status as a certified adoption agency. In the case of the new hire, who is not a licensed social worker, a request for exception was received from Barb Kramer of KDHE. (See P Crippen Approval Attachment)

The preferred method for recruiting all employees (including those involved with PMI) are as follows:

1. The position is announced internally and current employees are invited to apply.
2. The position is advertised in the three communities where the organization maintains offices: Hays, Manhattan and Salina with emphasis given in the community with the opening.
3. All applicants are asked to complete employment applications
4. Applicants are screened by the Salina Office Manager who gathers input from the department with the opening.
5. The top candidates are asked to complete forms authorizing background checks and reference checks. They are also asked to register for the on-line child safety training and complete the video course through the Catholic Diocese of Salina's Virtus link.
6. The top two candidates are asked to complete a specific GALLUP phone interview conducted by a volunteer certified and trained in these assessments.
7. The top two candidates are then given personal interviews by department with the opening and the Executive Director, retains final approval.

Staff orientation is conducted upon the initial hiring of employees to familiarize them with the general policies of the agency. During the first few weeks on the job, employees spend time with co-workers who help train them on specific job duties. The recently hired Salina PMI case manager traveled to Manhattan and trained with the experienced case manager. The agency has been updating all policies and procedures to make them available electronically on a newly deployed intranet system accessible from all the offices.

Employees participate in annual performance appraisals with their direct supervisors and/or the organization's Executive Director to provide both positive and constructive feedback, to determine goals for their current positions for the upcoming year, and to establish professional development goals for their careers. As a group, the PMI case managers meet monthly to disseminate information and staff questions or concerns about their PMI, adoption, and clinical therapy cases..

Employees are expected to have at least one team member participate in trainings including, but not limited to, annual training. The Finance Manager and both the PMI case manager from Hays and the one from Manhattan were present for the on-site meeting with KDHE staff Jan Stueve and Barb Kramer on November 10, 2014. (The Salina PMI case manager position was still vacant.) The case managers have been asked to monitor KS-TRAIN on the KDHE website for upcoming trainings that could benefit them. Plans are being made for them to attend the Kansas Governor's Public Health Conference April 28th -30th of 2015. In addition to being present for the November 10, 2014, KDHE site visit, the Finance Manager participated in the Catalyst training by KDHE in 2015 and will continue to participate in the technical trainings on behalf of the agency.

PMI case managers submit monthly reports on the number of cases to Salina for internal tracking purposes and for the Finance Manager who uses the information to complete the quarterly reports for KDHE (Affidavit of Expenditures and Client Demographic Summaries). The case managers also submit information for the more detailed narrative reports submitted bi-annually to KDHE.

Attach an Organizational Chart in the attachment section above

Did you attach an Organizational Chart in the attachment section?: Yes

Strategy: A.1.1 - Build internal capacity

Status: 0% Complete

Requirement: A.1.1.1 - Attend annual meeting/training provided by KDHE

Status: 0% Complete

Requirement: A.1.1.2 - Provide orientation and training of new staff

Status: 0% Complete

Requirement: A.1.1.3 - Develop a method for recruiting selecting, and training staff

Status: 0% Complete

Strategy: A.1.2 - Communicate and coordinate local work with State staff

Status: 0% Complete

Requirement: A.1.2.1 - Submit Affidavit of Expenditures and Client Demographic Summary quarterly

Status: 0% Complete

Requirement: A.1.2.2 - Submit Narrative Report mid-year (for first six months) and annually (for 12 month period)

Status: 0% Complete

Requirement: A.1.2.3 - Participate in site visits and technical assistance calls as requested by the State

Status: 0% Complete

Goal: A.2 - Program evaluation**Status:** 0% Complete**Attachments:** PMI Client Satisfaction Survey; PMI Program Manual

Summarize your program evaluation methods to include how you will expand services to meet community needs.: We evaluate our program by tracking birth outcomes, progress toward client goals, and client satisfaction. This comprehensive approach has been effective at helping the agency to reach the highest at-risk target population of expectant mothers. Of the new mothers enrolled during the first half of the last grant cycle (July 1 to December 31, 2014): 78% were below poverty level; 95% of the newly enrolled were at 150% or below poverty level; and 91.3% were on Medicaid or identified as self-paying. Furthermore, of the enrolled mothers giving birth during the reporting period, less than 7% resulted in a premature deliveries. During this same 6 month period the two PMI case managers served 63 clients. Of those clients served, there were 29 mothers who gave birth and 23 new mothers enrolled. Each case manager continues to carry between 25 and 30 open cases at any given time. Although we had less than anticipated in enrollment for halfway through the reporting year (expected to have 36 new enrollments), we were not fully staffed until the end of January. The agency expects by the end of the reporting cycle (June 30, 2015) to close this gap and perhaps reach the original estimate.

To enhance previously established evaluation procedures, the PMI case managers will begin additional evaluations during the last quarter of the 2014/2015 grant cycle and carry them forward into the next grant year (2015/2016). The additional methods of tracking will help to establish the effectiveness of interventions and referrals.

The case managers will begin tracking the number of goals met by each mother enrolled in the PMI program. Ten areas of potential referrals have been identified by the PMI case managers which include: prenatal medical care, mother's medical care (not pregnancy related), housing, education, adoption counseling, drug and alcohol assessment, domestic violence protection, child care, parenting education and support, and transportation. Individualized services, interventions and possible referrals are initially identified during the intake and assessment screening. The services, interventions and referrals can change throughout each participant's enrollment in the program depending on issues arising and reported during case management sessions.

All clients will complete needs assessments or intake forms during their initial PMI sessions. Through active listening, communicating and advocating with clients about their specific needs and gathering feedback from clients during their goal planning discussions, case managers develop detailed accounts of the mothers' current situations and goals for the program. The intake tool utilized provides important information regarding current obstacles for mothers and helps to determine the referrals the case manager will make. The assessment gives the mother the opportunity to discuss her situation openly and to shape her individualized program. This is the most vital component of the intake session because it validates the wishes of the mother and aids in the determination of needed referrals to collaborating community agencies. The case management is then driven by the targeted goals that arise from each client's own identified needs. The PMI case manager will track and review progress toward each client's stated goals and evaluate the needs identified by the client throughout the pregnancy and in the 6 months post-birth. Incentive programs will be used to encourage client participation in setting and progressing toward case management goals

The first quantitative goal is for 50% of the mothers upon exiting the program to have achieved 75% of the stated goals established with their respective PMI case managers on the last day of their eligibility for program enrollment. The second new quantitative goal during the next fiscal year is that 50% of the clients will follow through with 50% of the identified referrals as detailed further under section B.

Additional aspects of the assessment process include participant satisfaction evaluations and input from a new advisory committee as created set forth in the attached Catholic Charities PMI manual.

Estimate the total number of women to be served during the grant period.: Based upon the reasoning in the above questions, the agency proposes the following goals for the next one year grant cycle:

Total Unduplicated Clients Served: 120 mothers

Total New Enrollments: 72 mothers

Outreach Events/# Reached: 6 /300 participants

Attach a Client Satisfaction Survey in the attachment section above

Did you attach a Client Satisfaction Survey in the attachment section?: Yes

Strategy: A.2.1 - Develop a program assessment process to ensure services are provided as proposed**Status:** 0% Complete

Requirement: A.2.1.1 - Develop and use a client satisfaction survey

Status: 0% Complete

Requirement: A.2.1.2 - Develop and maintain program policies and procedures that are based on program standards and guidelines.

Status: 0% Complete

Strategy: A.2.2 - Create and maintain a functioning advisory group

Status: 0% Complete

Requirement: A.2.2.1 - Composition of the advisory group will reflect the community (race, ethnicity, SES)

Status: 0% Complete

Requirement: A.2.2.2 - Regular meetings will be held and minutes of the meeting kept

Status: 0% Complete

Grouping B - Data and Information

Goal: B.1 - Measure program impact

Status: 0% Complete

Attachments: PMI Program Manual

How will you measure effectiveness of services, interventions and referral networks?: The overall effectiveness of the PMI program has traditionally been measured by the number of healthy, full-term births to enrolled mothers. Starting with the final quarter of Fiscal Year Ending June 30, 2015, the PMI case managers will track the number of goals and the number of referrals each mother completes. As part of the goals list referenced in the above question, they PMI case managers have incorporated a list of referrals and interventions. To ensure that the needs of each individual client are being addressed and met, case managers have identified the following interventions that must be discussed and considered with each enrolled client:

1. Prenatal Medical Care.
 - a. Daily compliance of prenatal vitamins.
 - b. Attend 90% of prenatal visits after enrollment in program.
 - c. Reach full term pregnancy (greater than 37 weeks).
 - d. Live birth of child.
 - e. Abstaining from tobacco use after enrollment in program.
2. Medical Care (non-pregnant).
 - a. Secure a pediatrician.
 - b. Manage diabetes (blood sugars remain within normal range).
 - c. 90% compliance with medication and doctor visits prescribed for non-pregnancy related health concerns).
 - d. Family planning methods secured.
3. Housing.
 - a. Secure safe and affordable housing.
 - b. Enroll in public housing or housing assistance program.
 - c. Long term housing attained.
4. Education.
 - a. Enrolled in or obtain GED or High School Diploma.
 - b. Enrolled in or obtain vocational training.
 - c. Enrolled in or obtain college education.
5. Adoption Counseling.
 - a. Verbalized an attainable plan for parenting versus adoption .
 - b. Make an adoption plan.
6. Drug & Alcohol Assessment.
 - a. Accepted a referral to receive substance abuse treatment.
 - b. Received and/or completed a treatment program.
 - c. Abstained from drug use.
 - d. Abstained from alcohol use.
7. Domestic Violence Protection.
 - a. Accepted referral to domestic violence center.
 - b. Exited an unsafe relationship.
 - c. Created a safety plan for unsafe relationships.
8. Child Care.
 - a. Secured child care (Self, family or provider).
 - b. Enrolled in child care assistance through Department of Children & Families.
 - c. Enrolled in Early Head Start home or center-based daycare.
9. Parenting Education and Support.
 - a. Enrolled in early education services.
 - b. Attended childbirth classes.
 - c. Attended parenting classes.
10. Transportation.
 - a. Acquired a reliable vehicle.
 - b. Repaired inoperable or unreliable vehicle.
 - c. Established plan for transportation through family or friends (develop vehicle schedule).
 - d. Access to public transportation.
 - e. Obtained a legally approved car seat.

Quantifying the success of referrals is more difficult due to the individualized nature of client goals. Success is dependent upon the client following through with recommendations made by the PMI case managers. To better track the percentage of follow through achieved by enrolled participants, the following described method will be utilized. Case managers will document goals and referrals in client charts. Each enrolled mother is given a referral form which is completed, signed and dated by the PMI case manager during her first office visit. To increase the likelihood of follow-through by mothers, PMI case managers will contact each referral agency in the presence of the mother during her consultation time to set the initial appointment. The case manager documents the name of the person at the referral agency who will meet with the mother and provides her with the referral form that will need to be signed each time she meets with the referral agency. The form includes the name of the mother, the name of the agency, full contact information for the referral agency and the name of the agency representative the mother will be meeting. The mother then needs to bring this signed form back to her next meeting with the PMI case manager. In exchange, she will receive an established incentive - "baby bucks" which are vouchers that may be exchanged at Catholic Charities for diapers, baby food or other baby items.

How will you ensure services provided are those needed by clients?: To help ensure that all of these services are the ones needed by the client, the agency will establish and utilize an advisory committee as set forth in the Catholic Charities PMI Manual. In addition, the PMI case managers shall engage in actively listening to, communicating with, and advocating for clients about their specific needs through the completion of the client goal planning forms and the client satisfaction surveys included in the Catholic Charities PMI Manual. (See PMI Manual Attachment)

Strategy: B.1.1 - Develop an evaluation tool to measure program effectiveness

Start Date: 07/01/2015

End Date: 06/30/2016

Status: 0% Complete

Requirement: B.1.1.1 - Gather and use data to plan and evaluate interventions and referral networks

Status: 0% Complete

Requirement: B.1.1.2 - Gather and use data to assess program impact

Status: 0% Complete

Grouping D - Interventions to Improve Public Health

Goal: D.1 - Provide services to enable pregnant women to carry their pregnancies to term

Status: 0% Complete

Attachments: PMI Program Manual

Describe services to be provided to pregnant women that will enable them to carry their pregnancies to term.: It is the overall goal for each enrolled mother to carry her pregnancy full-term and deliver a healthy baby. This objective, therefore, drives the services provided to the enrolled mother. Our program, originally developed by a master level social worker, uses a comprehensive approach to help enrolled mothers meet all of their prenatal needs both emotionally and physically and to help them maintain healthy, full-term pregnancies with the assistance of a case manager. Case managers employ several evidence based methods and collaborate with clients to complete initial intake and needs assessments. Identified goals are tracked through individualized case management. Referrals are made for enrolled mothers to collaborating community resources and support services. Enrolled mothers receive education regarding prenatal medical care, non-pregnancy related medical care (for client and her family), housing, education, promotion of paternal involvement & responsibility, adoption counseling & referrals, affordable child care, budgeting, parenting education/support, breastfeeding, infant safety, healthy relationships and anything else that might help the mother maintain a healthy, full-term pregnancy. When indicated, case managers may conduct home visits to support clients and promote compliance. Case managers will also encourage clients to sign releases of information with their prenatal care provider and other social service agencies in an effort to increase communication and transparency. The case managers assist mothers in developing parenting plans which may include adoption as a parenting alternative if so determined by the mothers and any involved fathers.

The agency has created a Catholic Charities PMI manual that establishes the policies and procedures for the PMI program. The manual which is attached outlines how the local PMI program is to implement all aspects of the program including: availability of services; client confidentiality; eligibility criteria; staff responsibilities, qualifications and credentials; process for client intake & needs assessment; goal planning, follow-up procedures; referral criteria & feedback process; and client satisfaction surveys.

Describe the adoption services and pregnancy education to be provided as part of the program.: When an expectant mother reports a desire to create an adoption plan, the case manager provides support in accessing the appropriate services and the most accurate and necessary information regarding the adoption process. The agency is a licensed adoption provider and has licensed staff to assist the mother in differentiating and choosing between a parenting plan and adoption plan. If the mother does not express an interest in pursuing the route of adoption, the topic is not pursued. If creating an adoption plan is, however, the expectant mother's final decision, the case manager helps her to carry out the process and advocates for her wishes. The mother is also provided additional support and education regarding open versus closed adoptions.

Provision of prenatal, pregnancy and parenting education to promote infant development and emotional support is provided by the case manager based on the information the expectant mother wants to address. The case manager may refer the mother to outside agencies offering more detailed pregnancy, parenting and prenatal education like a local hospital, Head Start, local health departments, Life Choice Ministries, WIC, and "Becoming a Mom" programs.

In accordance with the policies set forth in the PMI manual and the fundamental values of the Catholic Church, the PMI case managers will not encourage abortions or refer mothers to any agencies who perform such services.

Each PMI case manager averages about 25-30 cases open at any given time and the agency expects to achieve the following numbers during the next grant year:

Total Unduplicated Clients Served: 120 mothers

Total New Enrollments: 72 mothers

Outreach Events/# Reached: 6/300 participants

Estimate number of pregnant women to be served in grant period.: 120

Strategy: D.1.1 - Assure that no individuals unable to pay will be denied pregnancy maintenance services

Status: 0% Complete

Requirement: D.1.1.1 - Have on file written protocols that clearly outline how the local pregnancy maintenance services are to be implemented

Status: 0% Complete

Strategy: D.1.2 - Adoption services and pregnancy education will be part of the program

Status: 0% Complete

Requirement: D.1.2.1 - Case managers to attend adoption training class

Status: 0% Complete

Requirement: D.1.2.2 - Provide plan for providing adoption as an option

Status: 0% Complete

Requirement: D.1.2.3 - Provide adequate resources and referrals

Status: 0% Complete

Goal: D.2 - The program shall not perform, promote or refer for education in favor of abortion.

Status: 0% Complete

Attachments: PMI Program Manual

Can you provide assurances that the program will not perform, promote or refer for education in favor of abortion?: Yes

Select all counties to be served below

County: Cheyenne; Clay; Cloud; Decatur; Dickinson; Ellis; Ellsworth; Geary; Gove; Graham; Jewell; Lincoln; Logan; Mitchell; Norton; Osborne; Ottawa; Phillips; Rawlins; Republic; Riley; Rooks; Russell; Saline; Sheridan; Sherman; Smith; Thomas; Trego; Wallace; Washington

Strategy: D.2.1 - Provide assurances

Status: 0% Complete

Grouping E - Communications and Promotions

Goal: E.1 - Increase public awareness of services and generate buy in

Status: 0% Complete

Attachments: PMI Brochure; PMI Newsletter

How will you promote your Pregnancy Maintenance Initiative (PMI) services to the community?: During 2014, the agency participated in numerous outreach activities to promote the PMI program in communities within its Northwest Kansas service area. The case managers and Executive Director promoted PMI services on the local radio, in presentations to parishes, at board meetings, and to local civic organizations like AMBUCS and Rotary. The agency will continue these efforts as much as possible throughout the next grant year.

The PMI program was prominently featured in the agency's newsletter that was distributed to about 4,000 supporters. (See Newsletter Article Attachment.) In 2014 there were also articles about the agency's PMI program in The Register, a bi-weekly Catholic newspaper distributed to about 17,000 homes throughout the Diocese.

The agency also describes its PMI services on a Facebook page and website. The agency will continue to do this during the next year and is even in the process of updating its current website to improve its reach to potential clients and will invest in marketing to improve its placement in internet searches of key terms like "pregnancy services" and "adoption services." The agency will also continue to place ads in each issue of The Register. The agency will continue to encourage parishes throughout the Diocese to promote the PMI program in their local church bulletins via use of a monthly newsletter sent to all priests and office managers throughout the Diocese.

The agency recently updated its PMI brochure which is currently being printed. (See PMI Brochure Attachment.) A plan has been developed to distribute these brochures to local social service agencies in Hays, Manhattan, Salina and other communities within the agency's service area. Each of the PMI case managers have identified a list of places to send these brochures along with a personalized letter. The list of places (approximately 75 from Hays, 40 from Manhattan and 40 from Salina) include all of the county health departments, DCF offices, St. Francis Social Services, schools, parishes and certain OB/GYN professionals, especially Catholics physicians.

What are your planned outreach activities?: In 2014, the Manhattan office participated in the community wide Everybody Counts and the Hays office participated in the Family Fun Fest and Go Truck Go. The agency will continue its efforts to expand the reach of its PMI services and tailor its services to meet the needs of the different communities. During the next year, the agency plans to have the PMI case managers attend these local events again and other community events as they arise in the Hays, Manhattan and Salina areas. The PMI case managers will look for similar type events in the other communities and participate when possible. PMI case managers are each expected to participate in 2 or 3 events annually.

Strategy: E.1.1 - Promote services to community

Status: 0% Complete

Strategy: E.1.2 - Planned outreach activities

Status: 0% Complete

Strategy: E.1.3 - Target and recruit clients

Status: 0% Complete

Grouping F - Partnerships

Goal: F.1 - Collaborative partnerships with community providers

Status: 0% Complete

Who are your key community partners and their role in providing PMI-related services?: The PMI case managers have worked to develop an array of beneficial community partnerships across the expansive 31-county service area of the agency. This has been accomplished via presentations and/or mailings to promote the important services available through the PMI program. Case managers actively participate in various social service agency meetings and other outreach activities (like local community perinatal coalition meetings, local health/toddler fairs). The agency has a large contingent of cooperative community relationships including: local Head Start programs, local city libraries, Birthright, Salina Family Healthcare Center, Pregnancy Service Center, Mercy Regional Health Center, Kansas Department of Children and Families, local WIC offices, local county health departments, local family physician offices, Riley County Free Clinic, local workforce centers, Flint Hills Breadbasket, Harvest America, Manhattan Women's Health Group, local United Way agencies, Catholic churches in each community, Manhattan Life Choice Ministries, Hays Community Assistance Center, local Salvation Army stores, First Call for Help in Hays, and Hays Area Children's Center & Healthy Families. When a referral is made, it is important to ensure the mother followed through. This is tracked through a cooperative effort between PMI case managers, the client and the referral agency. To begin a referral, the case manager initiates the contact between the client and the referral agency during an in-person meeting with the mother. The case manager facilitates setting up the initial appointment and advises the contact person at the referral agency the client will be bringing a referral form that needs to be signed as documentation the appointment was kept. The client is given a form with all of the contact information for the referral agency including the name of the person who will meet with the client, the time and date of the appointment, and the address and phone number of the agency. The appointment is documented and a copy of the referral becomes a part of the client's file. (See also answers provided in Section B of this application.)

When referring for services outside the program, what are the processes for initial referrals and for follow-up after referral?: Initially, the case manager and the client identify and prioritize the goals and additional resources together. The case manager may refer the client to a specific agency based on the needs identified by providing a brochure, discussing the agency's services, and/or contacting the agency with the client present. When a referral is made, the case manager requests that the client sign a release of information. In the past, case managers would contact the referral agencies within 2 weeks of the scheduled appointment if the client did not return the referral form. Although case managers may still do this type of individual follow-up, they will be moving towards utilizing the "Baby Bucks" incentive system described in more detail under Section B of this application. A joint effort between the client, case manager and referral agency is needed to ensure mothers receive the support and services set forth in their goal plans and to avoid duplication of services.

Strategy: F.1.1 - Build and maintain local partnerships

Status: 0% Complete

Requirement: F.1.1.1 - Develop and maintain collaborative partnerships with community providers of related services

Status: 0% Complete

Requirement: F.1.1.2 - Develop referral sources for related services

Status: 0% Complete

Requirement: F.1.1.3 - Track referrals made and outcomes of those referrals

Status: 0% Complete